



Montgomery County Department of Health and Human Services
Children, Youth and Family Services
PARENT RESOURCE CENTERS
REGISTRATION FORM – September 2011 - June 2012

(PLEASE PRINT AND COMPLETE ALL INFORMATION)

Date of Registration: ____/____/____ Parent's First name: _____
Address: _____ Parent's Last Name: _____
City: _____ ZIP: _____ Work Phone: _____
Home Phone: _____ E-mail: _____

Names & Ages of children who will be attending the Center: _____

Who will bring the child(ren) MOST OFTEN: (Check One) PARENT _____ GRANDPARENT _____
CAREGIVER _____ OTHER _____

If other than PARENT – name of person bringing child(ren): _____

Center you attend MOST OFTEN: (Check One)

CHILDREN'S RESOURCE CENTER ____ EMORY GROVE CENTER ____ COFFIELD ____

Total Family Income: \$ _____ *MEMBERSHIP FEE: \$ _____

Full Payment is due upon registration. If this presents a hardship, please call Bettie Sutphin @ 240-777-4377. Payable to "Montgomery County, MD" (cash – check – money order)* Credit cards may be used in the Rockville and Emory Grove centers.

Income is subject to verification.

HOC Residents Fees will be paid by HOC.

PARENT'S AGE GROUP: _____

Under 21 = 1
21 – 30 = 2
31 – 40 = 3
41 – 50 = 4
over 50 = 5

NUMBER OF CHILDREN IN EACH AGE GROUP WHO WILL BE ATTENDING:

Under 1 _____
1 _____
2 _____
3 _____
4 _____
5 & Over _____

FAMILY'S RACE/ETHNIC GROUP: _____

African-American/Black = 1
Asian/Pacific Islander = 2
White = 3
Hispanic = 4
Mixed/Multi = 5
American Indian/Alaskan Native = 6

Total # of Family Members Including Yourself _____

PLEASE CHECK YES NO

Are you a single parent? _____

Have you completed high school? _____

(OVER)

**WHERE DID YOU HEAR ABOUT THE
PARENT RESOURCE CENTERS?**

_____ Doctor's office

_____ Friends

_____ Home Visitor Program

_____ Infants and Toddler Program

_____ Child Find

_____ Other (Please List)

Are you new to the Center? _____

**If not, how many years have you
used the center?** _____

PLEASE CHECK:

YES

NO

Is English your second
language?

Does your child participate in
the Infant and Toddler Program?

Do you or your child
have a disability

Please specify _____

Do you participate in any
HOC Housing Program (including
public housing or the Housing
Voucher Program, formally
called Section 8)?
